

Application for License to  
Operate a Long-term Care Facility

For Office Use Only  
Received 1/19/10  
Amount \$ 900.00

CK# 59559

1/21/10 emailed  
Validation for

I. IDENTIFICATION

Name Helmwood Healthcare Center  
Address 106 Diecks Drive  
City/County/Zip Elizabethtown KY 42701  
Telephone number 270-737-2738  
Administrator Jason Jones  
Date facility operation began at current address 1981  
Date facility began operation under current owner same

II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	_____	_____
Nursing Home	_____	_____
Nursing Facility	<u>60</u>	<u>60</u>
Intermediate Care	_____	_____
ICF/MR	_____	_____
Personal Care	_____	_____

II. CONTROL (check one in each column)

State  
County  
City  
Private

Profit  
Nonprofit

Individual  
Partnership  
Corporation

II. OWNERSHIP

Name and address of individual owner, partners or corporation. If partnership, list partners.

Presbyterian Homes and Services of Ky, Inc.  
1030 Alta Vista Dr.  
Louisville Ky 40205

(OVER)

RECEIVED

JAN 19 2010

OFFICE OF INSPECTOR GENERAL

If facility owned or leased by a corporation, complete the following:

Name of corporation Presbyterian Homes and Services of Ky, Inc.  
Address of corporation 1030 Alta Vista Rd  
President or Chairman Mark A. Gray  
Vice President Steven E. Barker  
Secretary Lucy Smith  
Treasurer Jon Meyer

Attach a separate sheet listing the names and addresses of each person having at least a twenty-five (25) percent ownership interest in the facility.

If owned by a corporation, attach a separate sheet listing the names and addresses of each officer or director of the corporation.

If owned by a partnership, attach a separate sheet listing the names and addresses of each partner.

Name and address of parent corporation and/or management company, if applicable.

Parent	Management Company
_____	_____
_____	_____
_____	_____

I understand that any change in the application that affects my licensure status will be reported to the Office of Inspector General and a new application will be completed at that time. I agree that this facility and all aspects of its operation shall be open at all times to inspection and surveillance by all state agency licensure personnel. I certify that the information given in completing this application is accurate to the best of my knowledge and recognize that falsification of this application can result in denial or revocation of licensure.

[Signature]  
Signature of authorized representative

VP/CEO  
Title

1/14/2010  
Date

Return Application and fee to:

Office of Inspector General  
275 East Main Street, 5E-A  
Frankfort, Kentucky 40621

OIG 5  
(10/2002)

**PRESBYTERIAN HOMES & SERVICES OF KENTUCKY, INC.  
BOARD OF TRUSTEES**

**2009 Roster**

*Chair - Sallie Campbell*

*Vice Chair - Fairfax Fair*

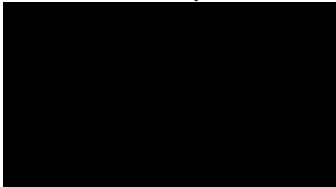
*Secretary - Lucy Smith*

*Assistant Secretary—A. Franklin Berry, Jr.*

**Mr. Bill Arthur**  
Arthur & Company



**Mr. Pat Cecil**  
Louisville Presbyterian Seminary



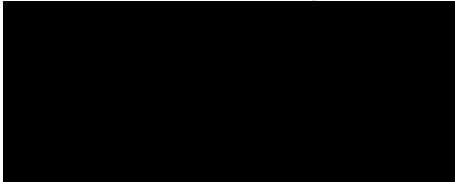
**Mrs. Kaye Baird**



**Dr. Fairfax Fair**  
Highland Presbyterian Church



**Mr. Steven E. Barker\***  
Vice President of Finance/CFO



**Mr. Mitch Garrett**



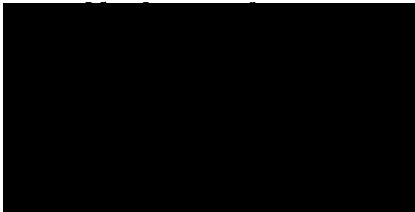
**Mr. A. Franklin Berry, Jr.\***



**Mr. Greg Goatley**



**Mrs. Sallie Campbell**



**Mr. Mark A. Gray \***

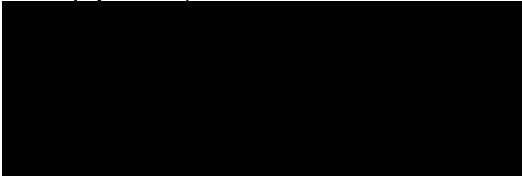


*(continued on back)*

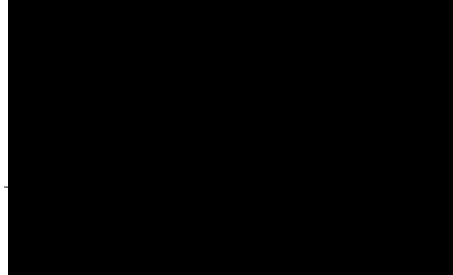
*\*Denotes a non-member of the Board*

**PRESBYTERIAN HOMES & SERVICES OF KENTUCKY, INC.**  
**BOARD OF TRUSTEES**  
**2009 Roster**  
(Continued)

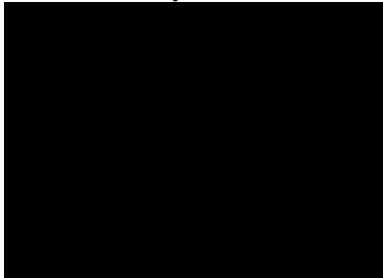
**Dr. Doug Humphrey**



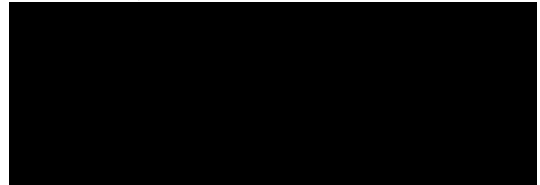
**Mr. James G. Rissler**



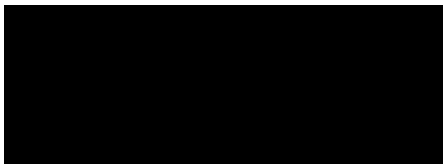
**Mr. Jon Meyer**



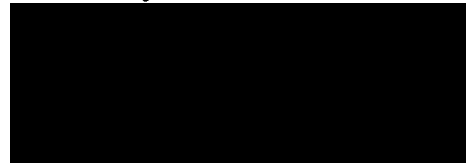
**Mr. Gray Smith**



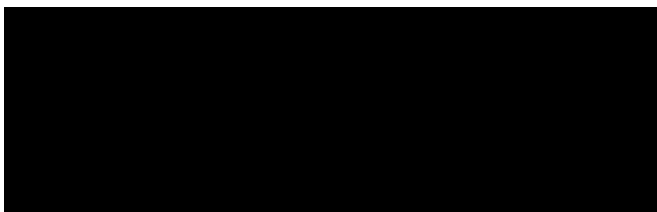
**Mr. David Mills**



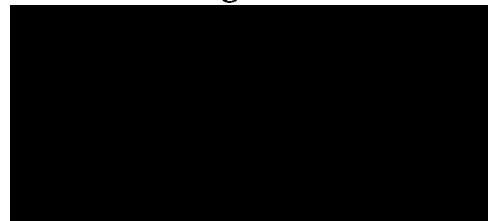
**Mrs. Lucy Smith**



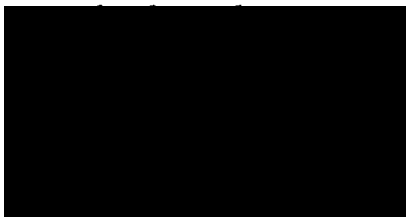
**Dr. Mel Modderman**



**Dr. Hattie Wagner \***



**Dr. Thomas Reichard**



*\*Denotes a non-member of the Board*  
5/1/09